

STATE OF IDAHO
BUREAU OF OCCUPATIONAL LICENSES
1109 Main Street, Suite 220
Boise, Idaho 83702-5642
psy@ibol.state.id.us

APPLICATION TO SUPERVISE A PSYCHOLOGY SERVICE EXTENDER

An application fee of \$50.00 must be submitted with this application.

I hereby submit the following information and make application to supervise a Psychology Service Extender in the State of Idaho under the provisions of Rule 450, IDAPA 24, Title 12, Chapter 01 and provide the following:

1. **Supervisor Full Name** _____ **License #** _____
2. **Mailing address** _____
Street/PO Box _____ City _____ State _____ Zip _____
3. **Daytime phone** (____) _____ **Fax** (____) _____ **E-mail** _____
4. **Service Extender Full Name** _____
5. **Mailing address** _____
Street/PO Box _____ City _____ State _____ Zip _____
6. **Date of Birth** ____/____/____ **Place of Birth** _____ **Social Security No.** ____/____/____
month day year
(Proof of age must be attached. A copy of your birth certificate, passport, military ID, or valid driver's license is acceptable.)
7. **Daytime phone** (____) _____ **Fax** (____) _____ **E-mail** _____
8. **Initial date of supervisory relationship** _____ **Anticipated duration** (in months) _____
9. **Does the service extender hold an Idaho license for a specific profession which requires a master's degree?** [] Yes [] No
(If Yes, please attach a copy of the license)
10. **Does the service extender hold a master's degree from a program in psychology, counseling, or human development?**
(If Yes, please attach a copy of the degree) [] Yes [] No
11. **Has the service extender previously functioned as a service extender to a licensed psychologist?** [] Yes [] No
(If not satisfactorily for at least 20 hours per week over a period of 260 weeks, mark No)
12. **Will the service extender receive a minimum 1 hour of supervision for each 20 hours of client contact?** [] Yes [] No
(Please complete the Plan for Supervision Addendum on the back)
13. **Has the service extender received appropriate preparatory training for the assigned duties?** [] Yes [] No
(The Assigned Duties & Preparatory Training Addendum must be completed & attached)

AFFIDAVIT

I hereby certify that the responses provided above and those on the addendum and those attached to this application are true and accurate to the best of my knowledge and belief. I further certify that I have will comply with the Idaho Laws and Rules governing the practice of Psychology and the Ethical Principles of Psychologists of the American Psychological Association. I further certify that I will supervise the work of the service extender named above until such time as I provide written notice by certified mail to the Board of the termination of my supervision. I understand that my failure to comply with the rules governing the use of service extenders may result in disciplinary action against my license.

Signature of Supervisor

State of _____, County of _____, ss.
Subscribed and sworn before me this _____ day of _____, 19 _____.

(seal)

Notary Public official signature
residing at _____
my commission expires _____

APPLICATION TO SUPERVISE A PSYCHOLOGY SERVICE EXTENDER
(continued)

PLAN FOR SUPERVISION ADDENDUM

My plan for supervising the service extender includes the following:

1. Frequency of face-to-face one-to-one supervisory sessions _____
2. Length of face-to-face one-to-one supervisory sessions _____
3. Frequency of face-to-face group supervisory sessions _____
4. Length of face-to-face group supervisory sessions _____
5. My plan for chart review, including frequency & nature of review, is as follows: _____

6. My plan for tape review, including frequency & nature of review, is as follows: _____

7. Number of service extender client contact hours per week _____
8. During the performance of the service extender's duties I will be regularly present on site for a minimum of _____ hours.
9. My written record of all supervisory sessions, including the amount of time I was available on site while the service extender was performing duties and how I determined that time, will be maintained as follows: _____

10. I have attached additional information which may assist the Board in evaluating your application. [] Yes [] No
(Please list additional documentation below)

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Assigned Duties & Preparatory Training Addendum

ASSIGNED DUTIES

Clearly identify each duty to be assigned to this service extender. Include information on the types of therapeutic services provided and the populations served.

- a. _____

- b. _____

- c. _____

- d. _____

- e. _____

TRAINING OR PREPARATION

Clearly identify the training or preparation this service extender has received in order to perform each of the duties listed.

- a. _____

- b. _____

- c. _____

- d. _____

- e. _____

